PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

08/29/2003

FLEIT, KAIN, GIBBONS, GUTMAN & BONGINI, P.L. 750 S.E. Third Avenue, Suite 100 Ft. Lauderdale, FL 33316-1153

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature) (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
|-----------------|-------------|----------------------|---------------------|------------------|--|
| 09/872,942 | 06/01/2001 | Ivette Principe | 6838-1 | 4887 | |

TITLE OF INVENTION: MULTIPLE LAYER CLOTH FOR CASINO, GAMING AND BILLIARD TABLES AND METHOD THEREFOR

| APPLN. TYPE | SMALL ENTITY | ISSUE FE | | | TOTAL FEE(S) DUE | 12/01/2003 | |
|--|--------------|----------|--|------------------------------|------------------|------------|--|
| nonprovisional | NO | \$1300 | | | \$1600 | | |
| EXAMINER TORRES VELAZQUEZ, NORCA LIZ | | ART UNIT | | CLASS-SUBCLASS | 7 | | |
| | | | | 442-316000 | _ | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or 1 | | | | |
| U.C. singe of correspondence address for Change of Correspondence Advices form PTO/SB/122) attached. | | | agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent | | | | |
| Li "Fee Address" indication (or "Fee Address" Indication form F1O/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | | r agents. If no name is list | | | |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under senarate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE GRAPH TO GRAPHICS, INC. ESIDENCE: (CITY and STATE OR COUNTRY)

3424 N.F. 2ND AVENUE

| Please check the appropriate as | FT. LAUDERD signee category or cate | ALE, egones (w | FLORIDA | the patent); 🕒 i | ndividual u corporation | or other private group entity | ⊔governme | |
|--|--|--|---|------------------------------|-------------------------------|-------------------------------|-----------|--|
| 4a. The following fee(s) are en | closed: | | 4b. Payme | ent of Fee(s): | | | | |
| Issue Fee | | | ☐ A check in the amount of the fee(s) is enclosed. | | | | | |
| Pablication Fee | 15 |) | ☐ Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Advance Order - # of Co | pies | U The Director is hereby authorized by charge the required fee(s), or credit any overpaymed Deposit Account Number (enclose an extra copy of this form). | | | | | | |
| Director for Patents is requeste | d to apply the Issue Fe | e and Pub | lication Fee (if any) | or to re-apply any p | reviously paid issue fee to t | ne application identified abo | ve. | |
| (Authorized Signature) | | | (Date) | | | | | |
| NOTE; The Issue Fee and P other than the applicant; a r interest as shown by the recor | ublication Fee (if req egistered attorney or ds of the United States | uired) wil agent; or Patent an | Il not be accepted the assignee or old Trademark Office | from anyone ther party in | | | | |
| This collection of informatio obtair 01/08/2004 applic | n is required by 37 C 00000012 | FR 1.311. <u>1</u> | The information in 2501 | \$665.00 | 12/01/2003 | DA 031231 | | |
| compi 01/08/2004 case. | .00000013 | 1 | <u>1504</u> | \$300.00 | 12/01/2003 | DA 031231 | | |
| sugge 01/08/2004 Paten 01/08/2004 22313-1450. DO NOT SEN SEND TO: Commissioner for | Patents, Alexandria, | Virginia 2 | | NDD KLOO. | 12/01/2003 | DA 031231 | | |
| Under the Panerwork Redu | stion Act of 1005 n | o nerrone | are required to r | ernond to a | | | | |

collection of information unless it displays a valid OMB control number.